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ABSTRACT

This practicum was designed to increase nurturing relationships between primary caregivers and infants prenatally exposed to cocaine. Goals were to increase the general emotional well-being of the caregivers within the family unit, to increase the interpersonal competence of the caregivers in relation to the care receiving infants, and to increase the caregivers' use of formal social support systems availed to them. Through individaul and group training sessions, 10 caregivers were actively involved in monthly home and group meetings. The solution strategy was designed to include parent educators who guided caregivers through pertinent stress relieving coping skills derived from strategies and techniques of appropriate parent training during the 1-hour monthly home visitations. The caregivers were encouraged to improve their relationship with the infants by utilizing positive responses through knowledge of normal infant development. Additionally, parent educators and volunteers facilitated monthly group support and parent awareness education sessions designed to increase the access to appropriate community resources. The outcomes of practicum implementation cited increases in many relationship-building behaviors. Parent educators and child protection workers reported that each caregiver demonstrated an increased usage of identified coping behaviors. Post-evaluations indicated that all caregivers improved their relationship with the care receiving infants. Additionally, 3 of the 10 caregivers increased their access from 4 community resource services to 6, 3 others increased their usage from 3 to 5, and the remaining 4 increased their usage of community resource services from a minimum of 2 to a maximum of 7. Through encouragement and understanding, primary caregivers of prenatally substance exposed infants were able to develop nurturing mother and infant bonding relationships. (Author)

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Increasing Nurturing Relationships Between Primary Caregivers and Infants Prenatally Exposed to Cocaine Through a Neighbor-Implemented Individual and Group Training Model

by

Michael P. Ferrentino

Cluster 34

A Practicum II Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Michael P. Ferrentino under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

March 13, 1992
Date of Final Approval of Report

Mary Ellen Sapp
Mary Ellen Sapp, Ph.D., Adviser

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A special acknowledgement to the memory of my father,

Pasquale J. Ferrentino

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Abstract

Increasing Nurturing Relationships Between Primary Caregivers and Infants Prenatally Exposed to Cocaine Through a Neighbor-Implemented Individual and Group Training Model. Ferrentino, Michael P., 1992: Practicum II Report, Nova University, Ed.D. Program in Child and Youth Studies. Descriptors: Parenting Skills/Parent Training/Parent Education/Infant Development/Fetal Alcohol Syndrome/Substance Exposed Infants/Parent Resources/Community Health Resources/Home Visitation Programs/Parent And Child Relationships/Infant Play/Developmental Disabilities

This practicum was designed to increase nurturing relationships between primary caregivers and infants prenatally exposed to cocaine. Goals were to increase the general emotional well-being of the caregivers within the family unit, to increase the interpersonal competence of the caregivers in relation to the care receiving infants, and to increase the caregivers' use of formal social support systems availed to them.

Through individual and group training sessions, ten caregivers were actively involved in monthly home and group meetings. The solution strategy was designed to include parent educators who guided caregivers through pertinent stress relieving coping skills derived from strategies and techniques of appropriate parent training during the 1-hour monthly home visitations. The caregivers were encouraged to improve their relationship with the infants by utilizing positive responses through knowledge of normal infant development. Additionally, parent educators and volunteers facilitated monthly group support and parent awareness education sessions designed to increase the access of appropriate community resources.

The outcomes of practicum implementation cited increases in many relationship-building behaviors. Parent educators and child protection workers reported that each caregiver demonstrated an increased usage of identified coping behaviors. Post-evaluations indicated that all caregivers improved their relationship with the care receiving infants. Additionally, three of the ten caregivers increased their access from four community resource services to six, three others increased their usage from three to five, and the remaining four increased their usage of community resource services from a minimum of two to a maximum of seven. Through encouragement and understanding, primary caregivers of prenatally substance exposed infants were able to develop nurturing mother and infant bonding relationships.

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CHAPTER I

INTRODUCTION

Description of Work Setting and Community

A problem situation has been identified in the neighborhood of the elementary school work setting located in a small agricultural community. The school is one of twelve elementary schools in this rural county school district. In 1986, the school's name was changed to reflect the identification of a major league baseball team which had adopted the school. The team initiated a revitalization to the nineteen year old structure and established an atmosphere of pride and confidence through personal appearances by the baseball players and special projects conducted with the students and community.

The eight school buildings on a 20-acre site include a recently completed facility to house a computer lab, music, and art rooms. Future plans for the 40,000 square feet of school space will be the addition of a library, primary student wing, and a building for exceptional students. According to the February 1991 Principal's Monthly Enrollment Report, there are presently four

hundred and three students in attendance. The ethnic make-up of 73.2% white, 24.1% Black, 2.2% Hispanic, and 0.5% American Indian students is indicative of the decreasing minority population in this transitional community.

The community within the catchment area of the elementary school has been changing in the past five years. From a population of Black working families and those whose income is at or below the poverty level, school-age families now incorporate both Black and white and upper middle to low income families. Many housing developers are taking advantage of this trend and the low cost land that is centrally located near the county's only major city. These new developments provide a steady increase in the school's growing population.

The Chamber of Commerce estimated a county-wide population in 1990 of approximately ninety-six thousand people. Citrus growing and tourism are the major sources of income for the area other than government, health care providers, and one major manufacturer. With employment on the rise and more opportunities for seasonal work available, migrant workers and transient families profoundly impact the schools as well as the community.

The school's dedicated faculty and administration have created a partnership with community advisory personnel to support the advancement of racial integration and educational opportunities for all their students. Innovative programs and strong leadership have

facilitated advancement in community awareness, academic achievement, social integration, and increased student expectations and responsibilities.

Writer's Role and Responsibilities

The writer is a Behavior Management Specialist employed by the county school district and funded by federal grant allocations designated by Public Law 94-142, The Education of All Handicapped Children Act. Assigned to primarily one elementary school, he consults with regular and special education teachers, counsels handicapped children and their families, and develops and implements individual behavioral plans and curricula programs. The writer's past experience and education enables him to provide valuable input as a member of Teacher Support Teams in several schools, to conduct student observations and assessments, and to develop crisis intervention strategies, and to train staff and parents in the utilization of coping techniques.

While possessing undergraduate and graduate degrees in psychology and exceptional student education respectively, the writer is also a post-graduate of a program for school administration and supervision. His experiences range from teaching emotionally handicapped and learning disabled students to administering programs for prekindergarten, at-risk, and severely and profoundly handicapped children.

Significant personal development and professional pursuits have afforded the writer with the skills and competence necessary for this practicum. The writer has used his knowledge and expertise as a High/Scope Curriculum trainer to create programs for handicapped and at-risk infants and toddlers. He has conducted workshops for parents and caregivers of infants and toddlers derived from the experience he received as a trainer for the Model of Interdisciplinary Training for Children with Handicaps (MITCH).

The writer has furthered his quest for knowledge and proficiency in providing interventions for caregivers of infants prenatally exposed to cocaine by attending workshops and presentations by such nationally known experts as Dr. Berry Brazelton, Dr. Ira Chasnoff, and Dr. Loretta Finnegan. Additional interactions with professionals for family support planning have been provided to the writer as a member of the Local Interagency Community Collaboration Project (LICC) and as a participant in the "Educating Substance-Exposed Children-A Statewide Training Model" offered by Florida A&M University and the Florida Department of Education.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

A child's early developmental years from infancy to preschool are crucial for parents and children. When children are raised in a secure, nurturing, and responsive home they learn skills and knowledge, while their parents develop confidence in child rearing capabilities. However, when children are deprived of normal growth opportunities or lack the benefit of emotional satisfaction, these children will often experience low achievement and poor self-esteem (National Association of State Boards of Education, 1988). Such effects may have children and their parents feeling insecure about the child's future academic and behavioral success.

The community school selected for the practicum site actively seeks to involve parents as participants who can help their children begin to learn about and to formulate relationships with adults and other children. Since young children are highly dependent upon parental approval and benefit from their support and acknowledgement of involvement, the parent becomes an integral

component to any intervention system. Winter and Rouse (1990) suggest that family involvement, to the degree of parents as partners in a common effort, can reinforce a program's effectiveness and help sustain the benefits after the program ends.

As children reach the age of five and enter carefully designed school-age programs, their successful adjustment is based upon teacher perceptions and tolerance for behavioral difficulties, which teachers accommodate less than for instructional problems (Walker & Rankin, 1983). In this community school, children's developmental levels are assessed two weeks prior to school entrance during kindergarten registration. Based upon the assessment data collected during this time and subsequent classroom observations by the teachers, primary specialist, and principal, many children were revealed to exhibit socially incompetent behaviors.

Relative and guardian caregivers attributed the socially incompetent behaviors to prenatal cocaine exposure. Upon further inquiry by school personnel, the relative and guardian caregivers and child protection investigators related that many of the identified children had younger siblings preparing to enter school who were also suspected to be cocaine-exposed.

The anticipated arrival of school-age cocaine-exposed children with their unique problems had prompted this district's school officials to take a proactive role in early identification

and family intervention in an effort to accommodate the children's needs and maintain them in regular education programs. They realize that through interaction and total involvement with the infant, a unique opportunity for relationship-building is afforded to all family members that will eventually impact the infant's future school success. Leach (1983) describes the impact of a baby as a heartening experience as it becomes the core of a family unit. Since substance-exposed infants are also capable of radiating feelings of adoration and aspiration, a family commitment is necessary to ensure the infant's optimal growth and development.

Through a networking link with the local county health unit, ten families of cocaine-exposed infants were identified within this community school's catchment area. These at-risk infants were being raised by relatives, guardians, or, in some cases, by drug-free parents. During home visits by child protection investigators and deliberate observations by the writer when the cocaine-exposed infants were brought to school, few instances of positive interaction and appropriate attention to the infants' needs were noted.

Parents bringing older siblings to school were frequently seen with the infants slung over their arm. With the infants' arms and legs noticeably groping for the security of mother, he or she was held stiffly away. When other parents as well as staff members

fussed over the baby's cooing, the caregivers whisked them away stating, "They don't like to be played with!"

During school visits by parents, drug-exposed toddlers were frequently left in sibling care in the school classroom and then attempted to explore the new environment. Parents exhibited sharp tempers by yelling harshly across the room or by instructing the sibling to pull toys away or to spank the toddlers. Although parents seemed to talk to and to respond to older siblings, verbal stimulation with infants and toddlers was often dismissed because "they don't understand anyway".

Home visits by child protection investigators had revealed some infants with bald spots on the back of their heads from being left lying on their backs too long. Other infants were found with unattended diaper rash. When asked why the infants and toddlers did not have more toys, clothes, or, in some cases, speech or developmental examinations when they suspected problems, the caregivers simply stated that they could not afford them.

In summary, ten families had been caring for infants who were prenatally exposed to cocaine and who were reported by child protection investigators to be experiencing developmental delays, extreme irritability, and mood swings. The primary caregivers of these cocaine-exposed infants were observed by the writer to lack appropriate parenting skills, knowledge of normal infant development, and awareness of parent education resources.

Problem Documentation

All infants who are patients of the local county health unit and who test positive to prenatal substance exposure are reported to the Department of Health and Rehabilitative Services (HRS) Child Abuse and Neglect Registry as meeting at-risk criteria for their health and safety. As a general procedure prior to the infant returning to the home environment, the primary caregivers and the home environment are carefully screened by child protection investigators and are evaluated for continued health and safety monitoring.

Caregivers of identified cocaine-exposed infants are asked to answer questions from an HRS questionnaire that provides, among other information, indications of the caregivers' emotional stability, ability to respond to the infant's needs, and knowledge and utilization of community resources (State of Florida Department of Health and Rehabilitative Services, 1990).

All ten caregivers viewed themselves as depressed, as having a low self-esteem, and as easily excited or angered. Other questions revealed that they often did not know what their infants needed when they cried or did not eat or sleep regularly. Also, when the caregivers did respond to utilizing community resource services, Medicaid, AFDC, Food Stamps, and WIC were the only services indicated. Rist (1990) suggests that if a mother is unable to provide her infant with physical and emotional nurturing then the

infant can be placed at a high-risk for further abuse and neglect.

During home evaluations, county child protection investigators had documented at least one observation in each case of emotional distress and had documented inappropriate responses by caregivers that jeopardized the health and safety of each substance-exposed infant. The infants were reportedly yelled at, left unattended, and sometimes force fed.

Further home assessments by local county health officials documented at least one instance where the caregiver was unable to express concern for the infant because her expectations of infant abilities were unrealistic. To avoid holding the infant, adults propped up the baby's bottle for feeding. Infants sleeping patterns usually reflected that of the caregiver, or the infant was left lying on her back for long periods of time.

Primary resource agencies reported few requests for supportive services by caregivers of substance-exposed infants. No families enlisted services from the additional support resources of Children's Medical Services (CMS), Mental Health Services (MHS), and Developmental Services (DS). Many developmental delays were dismissed by caregivers who stated, "They'll catch up." Scheduled clinic visits were frequently missed because of transportation difficulties and a lack of sitters for siblings.

At- or high-risk substance-exposed infants who are placed in an environment with inexperienced or inundated caregivers may

encounter health, safety, or developmental risks. With most of the infants having the capacity to develop normal cognitive and interactive skills, it became obvious that early intervention through comprehensive services and family support was imperative for these dysfunctional families.

Causative Analysis of the Problem

If one looks at the cultural, socioeconomic, and child rearing diversification that children live within, it is no wonder that the family structure must remain the hub of their early developmental growth. It is within this family structure that love, understanding, and esteem-building support must be nurtured. If families are not capable of providing such necessities, then the probability of dysfunction may also have profound effects on the children (Poulsen, 1990).

Many of these effects are due to the continually changing family structure. Pressures of single parent families, economic hardships, family violence, divorce, family relocations, and new relationships may also contribute to dysfunction in the family structure. The need for long term emotional and psychological stability of the family members is exemplified in The 1986 Amendments to The Education for All Handicapped Children Act, Public Law 99-457. Krauss (1990) points out that within the provisions of Part H is the requirement of the formulation of an

Individualized Family Service Plan. This service plan expands the service recipient from just the child to also include the family.

The recognition of the need for total family involvement is indicative of the grave responsibility a caregiver must shoulder. Continuous caregiving demands on the family may elicit physiological stress in the caregiver that could promote anxiety and interpersonal sensitivity. The noble cause of caregiving, with its meaningful role, usually suggests a long-term commitment that strains the caregiver's coping capabilities (Stone, Cafferata, & Sangl, 1987). As much as caregiving is a rewarding experience, it is evident that it can also be quite demanding.

With leading child and family professionals recognizing that caregiving can be taxing under the best of circumstances, caregivers of substance exposed infants must contend with the additional medical, developmental, and attachment difficulties specific to their condition (Brazelton, 1991). Many of the ensuing conditions of poor self-esteem, anxiety, or depression in the caregivers of the substance-exposed infants have been attributed to being overwhelmed with other responsibilities or possessing inadequate parenting skills. As a result, the local health, educational, and social service agencies now recommend additional parent education and training for even experienced caregivers.

In addition to parenting skills deficiency, the identified caregivers had also been found to lack knowledge of normal infant

development. In describing his reasoning for developing a parenting curriculum guide for high-risk families, Bourque (1983) notes that the prevention of child abuse is responsive to educational intervention through parent knowledge of child development and the strengthening of parenting skills. The caregivers' lack of such knowledge had been noted to result in unrealistic expectation of the infants' abilities and inadequate nurturing relationships.

Perhaps still another reason may exist for the described problem in that the identified caregivers had demonstrated that they lacked the knowledge of available community resources or feared the legal or social ramifications if they were accessed. When the caregivers were told about some of the services that were available to them that they were not accessing, they stated that they did not know there were agencies that could help them. Others stated that they did not want the assistance because "they ask too many questions!" Bennett (1986) and Poulsen (1990) suggest that parents often dismiss the idea of outside intervention because they may be unaware that a problem exists, they may refuse to accept that there actually is a problem, or they may fear legal ramifications if they do seek assistance.

Relationship of the Problem to the Literature

Throughout the formative period in a child's early years,

children begin to learn about and formulate relationships with adults. Since researchers view young children as highly dependent upon parent endorsement and benefitting from a supportive and emotionally rewarding environment, it can be interpreted that the primary caregiver is an integral component to a child's intervention system. However, combined with the inherent difficulties that a cocaine-exposed child possesses, some investigators (e.g., Hutchinson, 1991; Toufexis, 1991) also address the many difficulties that face these parents in their role as caregivers.

In any family, the prospect of having a child brings about feelings of joy, happiness, and anticipation. When families are faced with the knowledge of their child having adjustment or developmental difficulties, they encounter a host of other feelings as they attempt to deal with the magnitude of pressure and stress in the readjustment of their lives. Kubler-Ross (1969) had uniquely identified the stages of grieving that similarly correlates to the feelings that parents of at-risk or special needs children experience. Families progress through the various stages at different paces. Each person as well as the whole family struggles separately and collectively with the integration of their failures and successes. Their dynamics and stability certainly affect the predictability in using their coping mechanisms.

Unfortunately, the many stressful problems of caregiving have found caregivers enduring a high incidence of depression, excessive guilt and frustration, and feelings of loneliness and isolation. Meyerhoff and White (1986) have found a high prevalence of families who must deal with the many aspects of caring for special needs children often unable to function in the best interest of the child. When they are unable to cope, the caregivers are rarely able to deliver appropriate and necessary caregiving experiences (Meyers, Weissman, Tischler, Holzer, Leaf, Ovaschel, Anthony, Boyd, Burke, Kramer, & Stoltzman, 1984).

Too often the lack of such experiences lends itself to a host of other adverse conditions for both the caregiver and the infant. Professionals continue to report that caregivers lacking nurturing and caring skills for cocaine-exposed infants, who are difficult to handle, care for, and soothe, can result in abuse and neglect. Rist (1990) concurs by suggesting that increased risks become evident when children are returned to caregivers who are ill-equipped to respond to their needs.

Once thought of as a natural talent, the act of parenting any child is now viewed differently. Will (1990) suggests that parenting is not a spontaneously acquired but a learned skill. He describes young and unprepared drug affected mothers as depressed, not stimulating, or unavailable, which produces a deprivation syndrome in their infants. Such a syndrome is evidenced by Will's

(1990) observations that the caregiving mother's actions produce failure-to-thrive symptoms in their infants.

In their study of the effectiveness of interventions to family caregivers, Toseland, Rossiter, Peak, and Smith (1990) have noted caregivers to have a diminished response to caregiving, an increase in psychiatric symptoms, poor interpersonal relationships with the care receiver, and few social support resources. Such indications of dysfunction comprise the ingredients for conflict within the family unit and exemplify the need for emotional stability. In addition, other causes for the described problem identified in the study included health changes in the care receiver, how caregiving contributed to a caregiver's stress, and the caregiver's well-being and general mental health because the long-term commitment taxed their coping abilities.

With the needs of the developing infant so dependent on the caregiver, parental influence was bound to have a profound effect. White (1985) discusses the importance of parents being able to recognize major normal developmental milestones and respond appropriately to their infants' cues. When parents can learn to recognize individual growth and development in their children, only then White (1985) feels will they be able to utilize learned intervention techniques for emerging difficulties.

The demands of caregiving and the resulting interpersonal strains certainly contributed to feelings of isolation and

loneliness. Toseland and Siporin (1986) have found caregivers who need help in dealing with sensitive issues or pressing needs not utilizing available supportive resources. For those caregivers reluctant to reach out and utilize such services, encouragement and guidance was indicated to produce a wide range of benefits for all family members.

In an effort to address the many needs of cocaine-exposed infants, researchers have exemplified the importance of attending to problem situations specific to primary caregivers and their families. Family intervention with cocaine-exposed children could yield benefits for parents as well as the children. Telzrow, Ellison and Bohmer (1981) have found that parents are able to develop coping skills for their feelings of isolation, loneliness, and frustration through peer and professional interactions. In addition, informed and involved parents are able to increase their own parenting skills and develop a networking and support system to facilitate a better understanding of their child's needs. As caregivers become increasingly more knowledgeable and understanding, siblings and extended family members find more confidence and security in their ability to interact in a positive and nurturing manner.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

This practicum was initiated as a result of inquiries that revealed siblings of school-age children were prenatally exposed to cocaine. Many pertinent ideas were derived from a review of the literature and applied to the problem situation. The following goals and objectives were projected for this practicum.

It is expected that the caregivers' general emotional well-being within the family unit will increase. The caregivers' will also increase their interpersonal competence in relation to the care receivers. As a final goal, the caregivers' will increase their use of formal social support systems availed to them.

Behavioral Objectives

1. Each caregiver will demonstrate stress relieving coping skills acquired from strategies and techniques of appropriate parent training. Derived from a baseline score of observed coping behaviors using a commercial preassessment instrument, parent

educators and child protection workers will observe a post-assessment increase, using the same instrument, of at least 50% more appropriate coping behaviors.

2. Each caregiver will demonstrate an improved relationship with the care receiving infant by increasing his or her positive responses through appreciation of knowledge of normal infant development. The caregivers will rate the extent to which their opinions regarding caregiving have changed and will obtain an average post-evaluative self-rating score of four as indicated on a five-point scale adapted from a commercial personal change scale.

3. Each caregiver will access appropriate community resources identified for their needs through parent awareness education. From a preassessment adapted from a commercial scale of currently used resources, caregivers usage of appropriate community services will increase by 50% of specified resources when post-evaluated on the same instrument by parent educators and county health officials.

It is anticipated that two of the three professional participants will identify observable caregiving progress resulting in successful accomplishment of at least one of the three stated objectives. Attainment of these coping and interactive skills will help foster the development of emotional stability, promote social competence, and aid in the utilization of a network of supportive resources.

Measurement of Objectives

Prior to implementation a personal interview was conducted with each participant at which time various evaluative measures were explained. Pretest data was collected during this period of time with post-test data gathered immediately following implementation. Practicum effectiveness was determined by measuring the participants' emotional well-being, self-perceived changes in caregiving, and increases in the utilization of appropriate community resources.

Since documentation of the problem situation indicated that various professionals observed inappropriate coping behaviors, it was determined that changes in the participants' emotional state needed to be measured in the same fashion. Each professional participant was asked to respond to pre-evaluative questionnaires prior to practicum implementation. The scores calculated for the rating of the caregivers' overall emotional well-being was compared to those offered by the professional participant following implementation on the ten item scale derived from the Bradburn Affect Balance Scale (Bradburn, 1969) (see Appendix C).

Only post-evaluative data was collected from participating caregivers who rated themselves on their perceived growth in interpersonal competence on a five-point measure derived from the Personal Change Indicator (Toseland et al, 1990) (see Appendix B). The caregivers were not asked to rate their interpersonal

competence prior to implementation because their high anxiety and low self-esteem might have prejudiced their views that only their negative attributes were being measured. Since only improvement of self-perceived changes needed to be viewed, this scale provided an indicator of growth in relationship-building and attitudes towards caregiving.

Although the participants were familiar with many of the indicated community resources, it was necessary for the participating professionals to measure those resources actually being utilized by the caregivers prior to implementation and immediately following. Post-evaluation measurement identified the number of appropriate community services used by the caregivers in comparison to the number indicated by the professional participants prior to implementation as listed on the ten item scale derived from The Community Resource Indicator (Toseland et al, 1990) (see Appendix D).

During home intervention sessions with the caregivers and their infants, each participating professional compiled anecdotal accounts of their observations. The accounts attempted to address the caregiver's use of acceptable coping mechanisms and displays of emotional stability, instances of positive interpersonal interactions and verbal stimulation, and willingness or attempts to seek-out supportive resources availed to them.

Throughout the course of the practicum implementation, the

possibility existed for the occurrence of unexpected events that may have altered the outcome of the proposed objectives. Within the practicum setting, participating professionals or caregivers might have experienced prolonged illnesses, accidents, relocation, or elected to discontinue participation. Events of this nature were documented by the writer (see Appendix E). The form included the date and time the writer was made aware of the event, a brief explanation, any necessary action that needed to be taken, and the ensuing results or outcomes. In addition, the writer entered the occurrence of significant events in a daily journal. The entries were registered in narrative form and in the order in which they happened so that they were able to be retrieved for reference or analysis.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Within this community school's catchment area, ten families had been identified who were caring for infants who had been prenatally exposed to cocaine. The primary caregivers were identified as relatives, guardians, and, in some cases, the drug free parent. A situation existed where these at-risk infants, who were experiencing developmental, medical, and attachment difficulties, were being raised by primary caregivers who lacked appropriate parenting skills, knowledge of normal infant development, and awareness of parent supportive resources.

In any family unit elements of stress, frustration, and despair are commonly situational and frequently managed. However, in those families where the at-risk child possesses inherent difficulties that compound the primary caregiver's own inability to cope with daily intensive social demands, the ingredients for child abuse and neglect reach crisis proportions. Dunst, Trivette, and Cross (1985), Garbarino (1987), Germain (1985), and Stein and

Haggard (1989) all suggest that providing social support to families is a crucial intervention strategy during the child's developmental years in order to stop the development of child abuse and neglect. Unfortunately, the few successful comprehensive family support programs are dependent on private sector funds which are usually time limited so that only a restricted number of families can be served.

The value of utilizing other forms of social support and educational resources for at-risk families is recognized by child welfare agencies, who look to reorient their services for use in proper child placement decisions. Tracy (1990) describes an intensive in-home crisis intervention and education program designed to increase the availability of social and support resources while establishing relationships among social networks. She acknowledges that developing social networks play a critical role for parents in modeling appropriate parenting behavior, providing important child rearing information, and delivering emotional support and understanding. Since the most significant gains from this intervention were realized by parents who were able to reciprocate concrete support, minimal gains in network relations were anticipated because most families were home bound with their infants.

With parents and caregivers frequently restricted to home care with infants who often require special assistance, finding ways to

deliver necessary services and support must be viewed as a priority need. Guinta and Streissguth (1988) suggest that caseworkers or social service professionals offer planning and coordination of services to facilitate aid from community agencies and advocacy groups. However, many caregivers were reluctant to utilize such a service from unfamiliar professionals because they feared possible subsequent legal or social ramifications.

Other solutions gleaned from the literature have addressed approaches for the drug abusing, biological mother. Regan, Ehrlich, and Finnegan (1987) found that drug dependent women could benefit from placement in methadone maintenance programs which may include an in-patient family center approach offering a full range of neonatal and pediatric care for their children. Although in-patient programming has proven short term effectiveness, it was not the writer's intention to provide intervention for drug abusing mothers.

However, when biological mothers remain drug free most researchers would prefer their involvement. In a study of developmental delays in infants, Roe and Feldman (1986) were compelled to recommend models of caregiving that focused on the biological mother because they rocked and touched their infants more and vocalized in a face-to-face fashion significantly more than did other caregivers. Such models would have proved ineffective with the identified caregivers because, even though

they were all drug free, few of them were the infants' biological mothers.

It is obvious that every family unit has qualities and attributes that require uniquely designed solutions to their problems. Providing social support, crisis intervention and education, professional coordination and planning for service delivery, and in-patient care for biological mothers are a host of solutions that have been explored. For most of the identified caregivers, the solutions would not have been effective because they may have been cost prohibitive, had limited available openings, or did not accommodate the required social, cultural, or community expectations.

Description of Selected Solution

The solution that was selected to increase the caregivers' parenting skills, knowledge of normal infant development, and awareness of parent supportive resources focused on establishing a trusting working relationship between the caregivers and the participating professionals. In an effort to capitalize on the values and cultural diversification of the family unit, the selected participating professionals were residents of the caregivers' neighborhood. Winter and Rouse (1990) describe a program model that is based on a home-school partnership where professional educators provide parents with child development

information, acknowledge parents as specialists on their own children, and respect family values and child expectations.

Since the caregivers resided within the catchment area of the work setting, the centrally located neighborhood elementary school was established as the focal point for a resource center. The school provided adequate space for resources, supplies, training, and parent discussion groups. In addition, the facility was made available at conveniently arranged times to facilitate the practicum activities with particular emphasis on library usage for project caregivers and their children. Current research from the National Association of State Boards of Education (1988) supports the fostering of cultural and linguistic responsiveness between the home and school by supporting the values and unique characteristics that families bring to the school environment.

Two designated participating professionals were assigned as parent educators to provide case management services to five families each. The parent educators were able to obtain a participation commitment from the targeted families ensuring them to be actively involved through regularly scheduled home visits (see Appendix A). Home visits were scheduled at least once each month for 1-hour sessions focussing on helping parents to better understand their child's development in the areas of language, cognitive, social-emotional, and motor development.

The parent educators and the volunteers, who were obtained to

care for the infants and their siblings during group meetings, were trained in infant stimulation so they could model activities and instruct concepts and practices while acknowledging the parents as specialists with their own children. Parent educators were instructed to document home visitation observations through anecdotal records to measure their effectiveness and recommend suggestions for improvement. Caregivers were also informed that all professional practicum participants were legally obligated to protect the rights of the infant by reporting any instances of observed abuse or neglect. Experts agree that serious behavior, learning, and/or developmental problems in young children can be deterred if parents can incorporate into their lives adequate nourishment, safety, and an awareness of normal child development (Poulsen, 1990).

Specific practicum duties for the writer were to instruct two parent educators and volunteers in the specific strategies and techniques of appropriate parenting skills, the knowledge of normal infant development, and the awareness of parent education resources. The writer also coordinated with parent educators for the establishment and dissemination of monthly agendas, dates, and times of meetings and group discussions to be held at the work setting for continuous programming. Cooper (December, 1989) has shown that treatment for handicapped and at-risk infants must be continuous during the child's early years for maximum

effectiveness. Other responsibilities included the assuring of appropriate medical and developmental screening for the identified substance-exposed infants, the facilitating of relationship-building between caregivers and school personnel, and the collecting of data and recording of observations.

At group meetings, parents were encouraged to share experiences, common concerns, frustrations, and successes. Through emphases on child development information, interpersonal interaction, and support resources, parents were invited to participate in networking activities, self-awareness resources, locate books with parenting and attachment information, and select developmentally appropriate books to read aloud to their young children. Constructive feedback for overall effectiveness was encouraged after each session from the caregivers and participating professionals with parent educator notations about parent participation and records of their attendance. Cooper (1989) further indicates that the foremost component to treatment for facilitating mother and infant bonding skills lies in classes or sessions that encourage feedback and discussion.

Through contacts with various social, educational, and medical agencies, appropriate infant screening was coordinated. Accommodations were arranged with consultants and local health department personnel to facilitate regular medical infant screening at the same time the educational screening was conducted

at the work setting. Parent educators acted as a liaison with the targeted families to stimulate participation of periodic screening for each child. Leading researchers (e.g., Schneider, Griffith, & Chasnoff, 1989; Hutchinson, 1991) strongly emphasize the need for regular infant screening and follow-up. Studies have indicated that the threat to at-risk infants may not end at birth just as they find with cocaine users who breast-feed and often pass the drug on to the infant (Revkin, 1989).

The work setting acted as a basis for a referral network to help caregivers who needed special assistance. The writer insured that various prekindergarten interagency council members (HRS, Head Start, preschool, and private day care centers) were availed to targeted families through the development of a close working and trusting relationship with the parent educators. Current research from the Los Angeles Unified School District on drug exposed and at-risk infants (1989) recommends that significant efforts need to be made to develop a trusting relationship between parents and school.

In review, the practicum solution was designed to increase the caregivers' parenting skills, knowledge of normal infant development, and awareness of parent support resources through a case management model designed to identify the best ways to aid and strengthen family functioning. The caregivers were provided with individual and group intervention by participating

professionals and volunteers who resided in their neighborhoods and could adequately support their cultural values.

Report of Action Taken

The initial step of the solution was to obtain school administration approval, to assign two participating professionals who resided in the work setting's catchment area as parent educators, and to orient all participants to the planned activities, intervention strategies, and procedures. Referrals from the local county health unit and other sources were solidified by obtaining a release of medical information to verify substance exposure in the infants. The parent educators participated in family introductions with the referring agents and provided the caregivers with information in order to obtain participation agreements.

All commercial and staff developed curricula and materials were obtained for the writer in order to begin training the participating professionals and volunteers. The final preparation prior to implementation focused on the completion of the preassessment evaluations from the caregivers and the orientation of the participating professionals to the data collection forms and procedures.

The solution strategy that was selected to increase coping skills, positive interpersonal interactions, and awareness of

supportive resources in caregivers of cocaine exposed infants focused on a non-threatening parent training model that concentrated on fostering trust and building relationships. Such a model needed to emphasize the caregivers' requirement for order and control in their lives. Mavrogenes (1990) has found that in order to effectively elicit parent involvement, parent training educators must emphasize a training model that incorporates incentives, firm expectations, and logical support.

The caregiver intervention training model was conducted during two separate sessions each month. The ten selected caregivers and two parent educators participated in home visitations and center-based group meetings. Prior to the caregiver home and group training sessions each month, the writer instructed the parent educators in home intervention strategies and techniques for facilitating discussion and support groups derived from the Program Planning and Implementation Guide (Parents as Teachers National Center, 1989).

Content incorporated into the monthly parent educator training sessions included sequentially-based child development information, behavior oriented parent training techniques, and community and service-provider awareness education for each month of child development. The following sequentially-based child development information that was presented at each of the eight training sessions was adapted in part from Working With Parents and

Infants (Bromwich, 1988):

1. The first training period covered the first four months after birth.
2. The second training period covered from the fifth to the eighth month after birth.
3. The third training period covered from the ninth to the twelfth month after birth.
4. The fourth training period covered from the thirteenth to the sixteenth month after birth.
5. The fifth training period covered from the seventeenth to the twentieth month after birth.
6. The sixth training period covered from the twenty-first to the twenty-fifth month after birth.
7. The seventh training period covered from the twenty-sixth to the thirtieth month after birth.
8. The eighth training period covered from the thirty-first to the thirty-sixth month after birth.

The adapted Measure of Emotional Well-Being and Personal Change Indicator pre-checklists were completed on each of the caregivers by the participating parent educators. In addition, a participation commitment and release of medical information was obtained from each caregiver in order to access pertinent medical records of the cocaine exposed child and to insure the caregiver's fullest participation. Arrangements were made to utilize a primary

classroom to house the infants and toddlers and the library for parent discussion and demonstration during group support meetings.

During the home visitations, the parent educators began each family session with rapport building activities. In addition, they administered eight carefully designed lesson plans that they created from information gathered during previous training meetings. The following curriculum topics that provided a basis for each session's activities were adapted from The Missouri Parents as Teachers Program (Winter & Rouse, 1990) and Working With Parents and Infants (Bromwich, 1988):

1. "Encouraging and helping caregivers to gain skill in observing their infants" (Bromwich, 1988, p. 16).
2. "Encouraging and helping caregivers to understand that the infant's play is work and that they learn through play" (Bromwich, 1988, p. 16).
3. "Encouraging and helping caregivers to be aware of materials and activities that are suitable for infants at each stage of development" (Bromwich, 1988, p. 16).
4. "Encouraging and helping caregivers to provide interesting experiences in a variety of settings" (Bromwich, 1988, p. 16).
5. "Encouraging and helping caregivers to anticipate the infant's behavior and needs for the present as well as for the future" (Bromwich, 1988, p. 16).

6. "Encouraging and helping caregivers to be aware that they are an important influence on their infant's progress of development" (Bromwich, 1988, p. 16).
7. "Enabling caregivers to gain a sense of adequacy in their mothering and nurturing role" (Bromwich, 1988, p. 16).
8. "Enabling caregivers to view the infant's needs in the context of their own needs and those of the family" (Bromwich, 1988, p. 16).

The parent educators were instructed to be reactive to family concerns and needs while reinforcing and encouraging observed strengths. However, primary instructional emphasis concentrated on providing caregivers with pertinent child development information that reflected the child's current chronological age. During each session parent educators demonstrated skills and techniques to caregivers that enabled them to assess their child's abilities in social, motor, language, and cognitive development.

Some caregivers during initial meetings were reluctant to participate while others welcomed someone just to talk to. Each session eventually progressed to the observed performance of the child's developmental abilities. Derived from observations of the caregiver's interaction with their child and their responses to questions of health and safety, the parent educators promoted and discussed the development of necessary parenting skills. With continued discussions of encouragement and reinforcement of the

caregiver's critical role, the parent educators concluded the sessions by discussing observable characteristics of the child's anticipated emerging skills (Hohmann, Banet & Weikart, 1983).

All participating caregivers attended all of the eight centered-based group meetings conducted after school hours on the last Wednesday of each month. As the caregivers arrived with their children, additional volunteers were available to rock, nurture, or just occupy the children with stimulating toys and activities. With the caregivers free from distractions, the parent educators were able to gain maximum involvement from all participants in the scheduled events.

Each group session followed an hour long format that began by orienting the caregivers to upcoming events, announcements, and issues of importance. Derived from caregiver feedback during home visitations, the following topics for discussion, guest speakers, or presentations were provided:

1. Health and nutrition for caregivers.
2. Health, safety, and nutrition for infants.
3. Establishing healthy sleep patterns.
4. The importance of attachment.
5. Building self esteem.
6. Encouraging language development.
7. Infant stimulation.
8. Temperamental differences.

These topics of general interest were facilitated by the parent educators who conducted follow-up discussions directed toward their client's needs. Additionally, each session focused on describing the services offered by Medicaid, Aid To Families With Dependent Children (AFDC), Woman, Infants, and Children (WIC), Alcohol/Drug Abuse Treatment (ADM), Children's Medical Services (CMS), Mental Health Services, Developmental Services (DS), and the County Public Health Unit (CPHU). The discussion format allowed for caregiver interaction and networking with each other, information about pertinent community resources, and the identification of developmental characteristics and milestones of the children.

As closure to each group session, the caregivers were encouraged to observe their children interacting with peers and to engage in informal social discussions. During these social times, the caregivers discussed future activities and events and discussed topics of common concern that may have been too sensitive to present to the group as a whole.

During all subsequent parent educator training sessions, topics of caregiver concerns, problems, or newly arising circumstances were discussed as a group and a plan was developed for carrying through with suggestions, referrals, or recommendations. Following implementation, the parent educators conducted post-evaluation activities and provided the primary

caregivers with a summation of their progress toward the stated goals and objectives during the entire eight month period. Additionally, all evaluative and observational information noted by parent educators after home visitations, and those offered by caregivers following group sessions, were synthesized into anecdotal records for future retrieval.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

Ten identified caregivers are caring for infants who have been prenatally exposed to cocaine and who have demonstrated a lack of appropriate parenting skills, knowledge of normal infant development, and awareness of parent education resources. The cocaine-exposed infants are reportedly experiencing developmental delays, extreme irritability, and mood swings. Attempts to utilize local health, social, and educational professionals to aid in the delivery of appropriate services to the caregivers have had little positive effect.

The solution strategy that was utilized incorporated the efforts of two participating professionals who provided case management and parent education services to each of five caregivers. The parent educators trained in infant stimulation and parent training intervention modeled activities and instructed concepts that focussed on helping parents to better understand their child's cognitive, language, motor, and social development.

During center-based group meetings, caregivers participated in programmed events that provided community resource information, initiated networking activities, and allowed for the sharing of common experiences and concerns.

Objective 1. Each caregiver will demonstrate stress relieving coping skills acquired from strategies and techniques of appropriate parent training. The caregivers will demonstrate minimum acceptable performance by achieving at least a 50% increase on a post-assessment instrument that measures appropriate coping behaviors.

By the end of practicum implementation, this objective proved to be successful as evidenced by each of the ten caregivers having demonstrated a post-assessment increase of at least 50% more appropriate coping behaviors. The coping behaviors were identified on a measure as five positive and five negative feelings that could have been observed in each of the caregivers (see Appendix C). Attainment of an appropriate coping behavior was signified when the behavior was observed as positive feelings or not observed in its negative sense as indicated on the measure by the participating professional.

Scores for appropriate coping behaviors preassessed on the ten item instrument ranged between two and five identified behaviors for the ten caregivers. Of the five positive feelings that could have been selected, only the first and third were chosen which

indicated satisfaction with personal achievements and recent accomplishments. No caregivers demonstrated positive feelings that dealt with things working out for them, feeling generally good, or having enthusiasm for any specific pursuit. Compared with the negative feelings measured, all appropriate coping behaviors seemed to focus on the personal satisfaction of having a baby to care for.

Participating professionals who administered the assessments related that some caregivers felt caring for a baby was the only thing they could do right. Other caregivers felt they were in a child-rearing routine with little time for personal achievement.

Post-assessed scores yielded a range increase from five to nine identified coping behaviors. Caregivers were observed to have demonstrated items that not only represented increases in positive feelings toward personal accomplishments, but demonstrated items that represented decreases in the negative feelings of inadequacy, perceptions of self-worth, or fears that no one cares or likes them.

The participating professionals attributed the increase in positive feelings and the decrease in negative feelings to an overall better outlook on life. They indicated that through encouragement and support of personal interests, the caregivers were able to experience feelings of accomplishment and success. Additionally, the caregivers were now observed to derive satisfaction from their caregiving role because of increases in positive interactions with their infants.

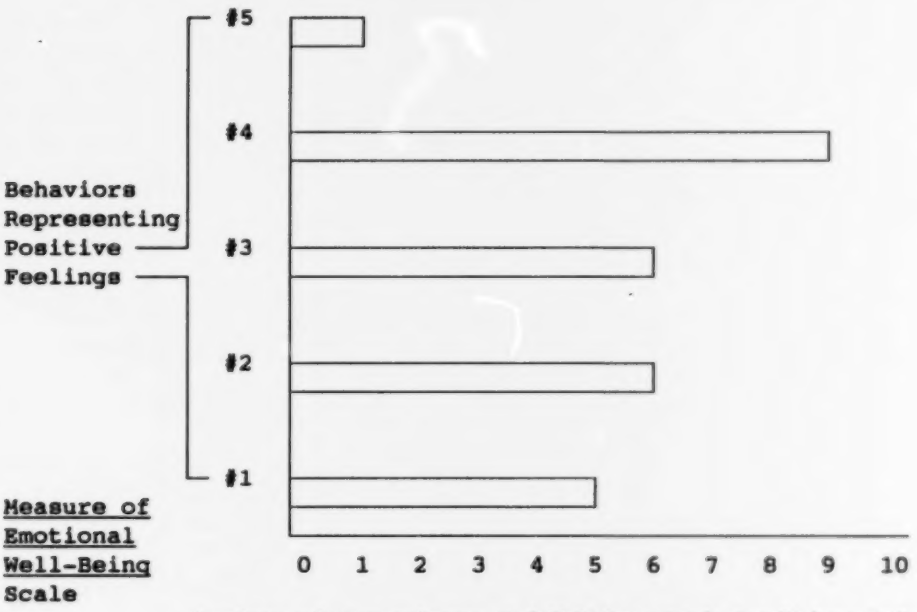
By the eighth month of implementation, each caregiver continued to exhibit the same appropriate coping behaviors that were initially identified and demonstrated at least a 50% increase of additional ones. Post-assessment measures indicated between one and nine caregivers were observed to have exhibited an increase in positive coping behaviors that they had not previously utilized. Additionally, between one and five caregivers were observed to have discontinued the utilization of negative behaviors that they had once demonstrated (see Table 1).

Objective 2. Each caregiver will demonstrate an improved relationship with the care receiving infant by increasing his or her positive responses through knowledge of normal infant development. The caregivers will demonstrate minimum acceptable performance by rating the extent to which their opinions regarding caregiving have changed (see Appendix B). Achievement of this objective will be evidenced by each caregiver obtaining an average post-evaluative score of four on a five-point self-rating measure.

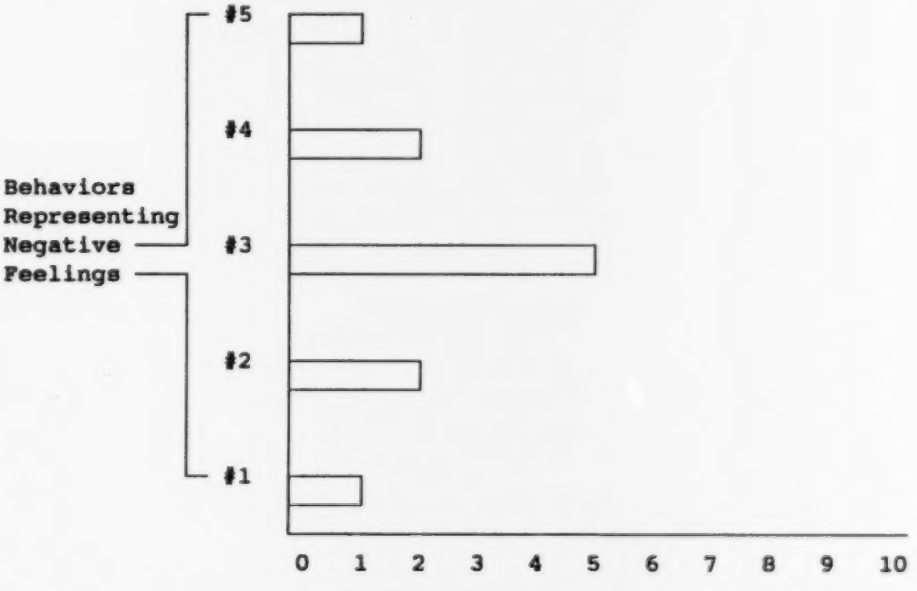
The self-rating indicator was designed to measure the extent to which the caregivers' behavioral interactions had changed with the infants. The items that presented the most significant changes were noted in the areas of acquiring technical skills for infant handling, developing routines, and organizing experiences. During group sessions, the writer observed caregiver discussions of their experiences being presented in terms of achieving developmental

TABLE 1-ATTAINMENT OF OBJECTIVE #1

Performance Over Eight Month Implementation Period



Number of Caregivers Exhibiting Each Positive Behavior



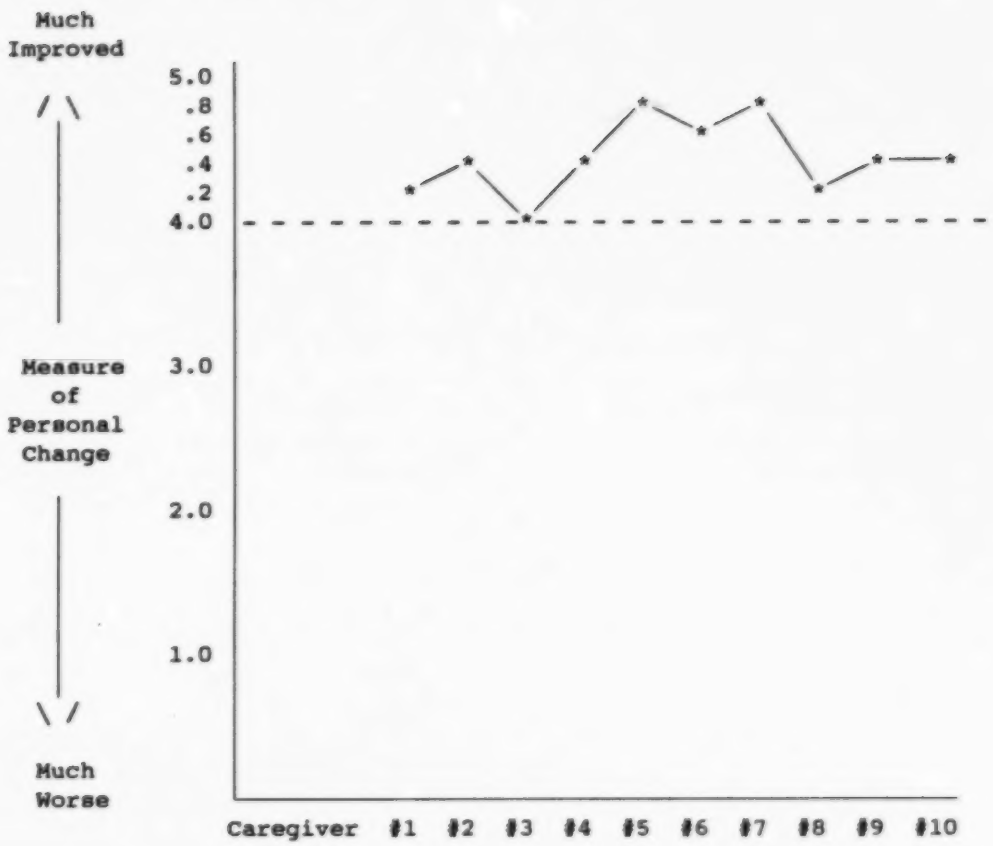
Number of Caregivers Discontinuing Each Negative Behavior

milestones rather than in relation to what the infants were not able to do. Items on the indicator that represented attachment and bonding strategies and responding to infant's cues showed only moderate changes. The caregivers indicated that lack of time dictated that they attend to the infant's physical needs rather than to their emotional needs. Observations made by the participating professionals revealed most noticeable changes in caregiving behaviors had occurred when the caregivers were actively involved with their infants.

This objective was determined successful as demonstrated by all of the caregivers indicating self-improvement in acquiring information, developing a positive demeanor, and maintaining a controlled temperament as evidenced by average scores of at least 4 on a 5 point scale (see Table 2). All the caregivers scored no less than a three on any one item with moderate improvement indicated in utilizing attachment strategies and responding to infant cues. While the majority of scores alternated between fours and fives, most improvement was noted in acquiring technical skills for infant handling, developing routines, and organizing experiences.

Objective 3. Each caregiver would access community resources identified for their needs through parent awareness education. The caregivers demonstrated minimum acceptable performance by using at least 50% more appropriate community services then were utilized

TABLE 2-ATTAINMENT OF OBJECTIVE #2



Average Self-Rated Caregiver Score Following Eight Month Implementation Period

when preassessed. Achievement of the objective is evidenced by the aforementioned increase when post-evaluated on the same instrument by parent educators and county health officials.

Since all of the infants were delivered locally and were tracked by local Health and Rehabilitative Services personnel, all the caregivers were preassessed to be receiving at least the services of Medicaid and the County Public Health Unit for their infants' needs. Since few services were being accessed, this community resource measure was devised to include 10 of the most accessible and appropriate community resources available for infants and caregivers. No one caregiver was preassessed to be receiving more than 4 of the 10 identified community support resources.

When post-evaluated, all the caregivers continued to receive the previously indicated resources with additional ones ranging between two and three that usually concentrated on providing additional assistance to the infant rather than for themselves. Although each increase was greater than 50%, a 5.5 difference between the mean scores was representative of the caregiver's reluctance to utilize community resources that require further outside intervention.

The caregivers proved this objective to be successful by increasing their usage of community support resources for their infants and themselves. Three of the ten caregivers initially

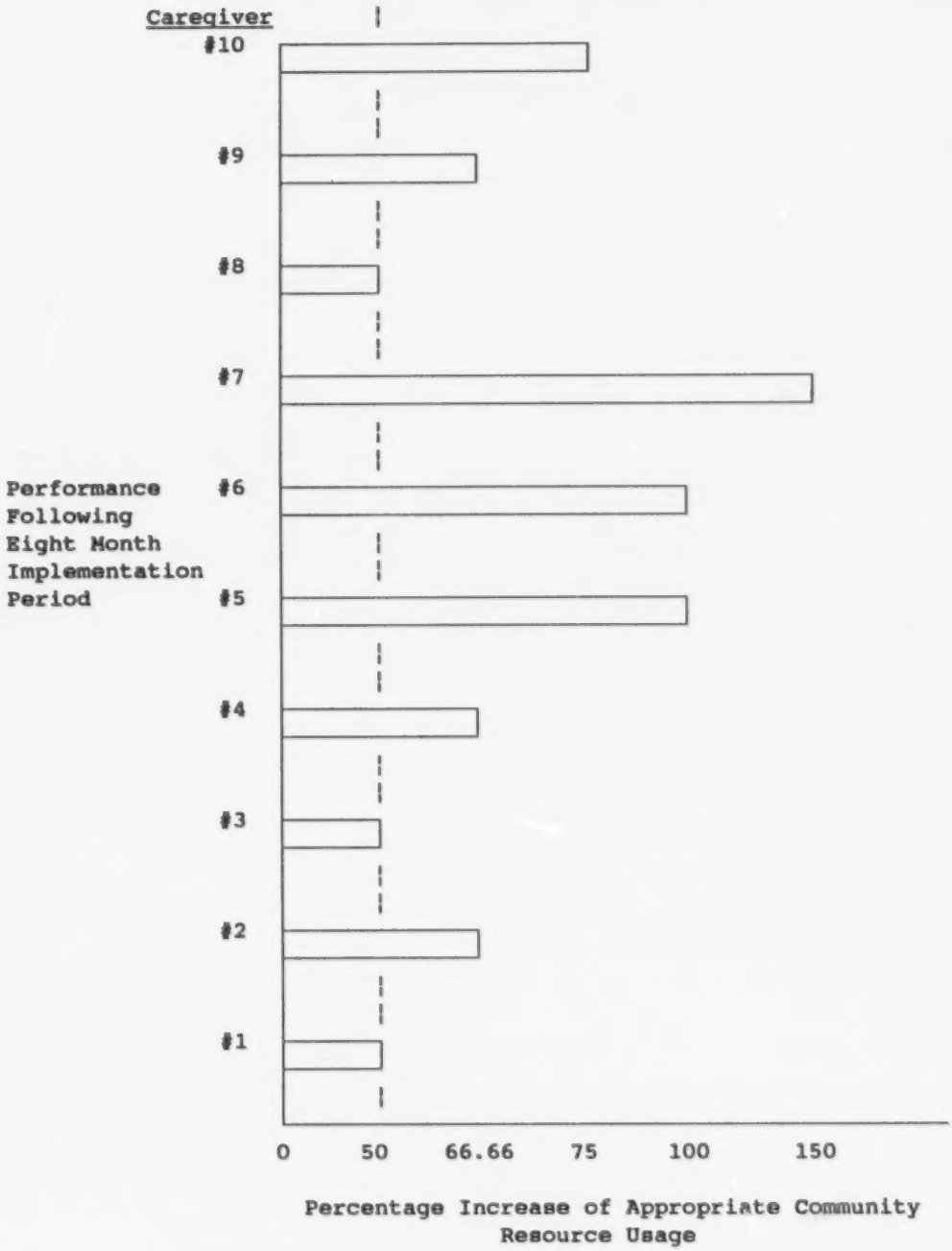
utilized four community resources but only presented a 50% increase by being involved with 6 of the 10 identified agencies at the conclusion of implementation. Another three caregivers also exhibited an increase of community resource usage by two, but expanded to 66.66% because they increased from using three to using 5 of the 10 identified agencies. The remaining four caregivers who utilized three additional community resources each, provided the largest growth by producing increases from four to seven, two to five, and two caregivers from three to six. (see Table 3).

Discussion

The reported results and supportive data offered by the participating professionals, parent educators, and caregivers indicated successful accomplishment of the three stated objectives. Practicum implementation was successful because all three participating professionals identified observable caregiving progress resulting in successful accomplishment of at least one of the three stated objectives. Additionally, each of the ten caregivers met minimum performance criteria by demonstrating an increase in general emotional well-being within the family unit, interpersonal competence in relation to the care receiver, and use of formal social support systems availed to them.

Each of the three behavioral objectives concentrated on some aspect of improving relationship-building skills. Successful

TABLE 3-ATTAINMENT OF OBJECTIVE #3



intervention and full participation was facilitated by selecting parent educators who resided in the same neighborhood as the caregivers. In some instances, caregivers as well as parent educators indicated a need to be reassigned because they felt their familiarity with each other would hinder a professional and objective relationship. Once resolved, each parent educator was able to provide parent training services while maintaining the family's ethnic and cultural integrity due to their general understanding of the structural organization within the family unit.

The intervention training model involved a form of case management with the caregivers that defined and clarified their roles and responsibilities, goals and expectations, and methods for enhancing their capabilities. While speaking at the Substance Abuse and Pregnancy: "Children Deserve Better" conference (1991), Dr. Berry Brazelton discussed a need for change in the pathological model of working with parents of substance exposed infants. His suggestion that professionals build on an "Empowerment Approach" with an attitude of "how have you managed?", would lend itself to a systems approach which utilizes social historical influences to build on family strengths and trust. Through such an approach, the caregivers were afforded ways to enhance their abilities in an effort to become more independent and self-reliant.

Interestingly, the participating professionals initially noted

some reluctance by the caregivers to accept an enabling attitude toward self-improvement and decision-making. This attitude became quite apparent when the caregivers' social interactions were largely reflective of past intervention experiences. However, throughout implementation, the format of Brazelton's (1991) "Empowerment Approach" allowed the caregivers opportunities to utilize the child development information and parenting techniques that they cooperatively designed to accommodate the child's specific needs.

A common concern of past intervention experiences related by many caregivers involved their inability to fully know what was expected of them and a lack of intervener understanding of what caregivers are really experiencing in their caregiving role. During home visitations and observations, the parent educator's modeling and guidance enabled caregivers to devise strategies and techniques to accommodate the many risk factors specific to drug exposed infants such as poor feeding and sleeping patterns, hyper-irritability, and depressed interactive behaviors. Similarly, Calhoun and Rose (1988) reported that positive results were obtained when caregivers were offered parenting skills that included environmental adjustments, coping strategies, and techniques for providing comfort in a program designed to reduce the amount of prolonged, frequent, or intense crying of handicapped infants.

The use of home visitations as individual intervention for caregivers is highly regarded to furnish promising results. In their studies, Gallagher, Rose, Rivera, Lovett, and Thompson (1989) have found individual interventions with caregivers dealing with the loss of a loved one to be successful in relieving depression. Also, as noted in their studies, Toseland and Smith (in press) have increased caregivers' feelings of competence and emotional well-being when utilizing individual interventions.

In addition to home visitations, the solution model also incorporated group interventions to support the caregivers and their families. Initially, the caregivers expressed their desire to attend the group sessions specifically to share experiences and to network with others. However, they soon began to experience transportation and child care difficulties that they explained were too much effort to rectify. Once the parent educators and participating professionals were able to secure the caregivers' attendance at the first few sessions, they coordinated future arrangements between themselves. Toseland and Rossiter (1989) have found that group intervention programs can be highly satisfying and beneficial in meeting social needs.

Involvement by the caregivers during the group sessions became a key component in facilitating logical discussions and provided a consistent carryover of parent training into the home setting. Throughout the implementation period, a gradual increase of self-

management and self-control by the caregivers became evident in their acceptance of learning outcomes and social interactions. Many studies have indicated sustained personal growth in caregivers when they participate in support group intervention (Montgomery, 1988). Although Zarit, Anthony, and Boutselis (1987) have compared the effects of group support to no support and found differences to only a moderate degree, the caregivers related many positive relationship-building attributes that they acquired from the group session's support and guidance that was made evident by their successful attainment of the three stated objectives.

It remains obvious that both individual and group approaches to intervention have propitious results. Toseland and Siporin (1986) have found group interventions particularly effective for caregivers who have difficulty with interpersonal relationships or who are isolated from others. They have further found individual interventions helpful to those caregivers experiencing problems with intimate relationships and sensitive issues. Since it was uncertain which attributes would have been more beneficial for the individual caregiver, the solution strategy utilized an eclectic design derived from both approaches.

The selected solution strategy had been supported by current literature to provide a wide range of benefits to caregivers and their substance exposed infants. By providing an intervention approach that was motivating, enabling, and supportive, the writer

believed that full participation and the successful outcomes were realized because a vested interest was maintained by the caregivers who were intrinsically motivated to establishing a caring and nurturing relationship with their child.

Recommendations

To facilitate any future implementation, the following is recommended:

1. Practitioners interested in this practicum would find it helpful prior to implementation to survey parent educators, participating professionals, and caregivers for group session time slots that would most likely be free from scheduling interruptions.
2. Professionals wishing to conduct group sessions with caregivers and their families would benefit from determining transportation and child care needs so that uncomplicated accessibility could enhance consistent attendance.
3. Practicum initiators would profit from conducting practice and review of home visitation and group session procedures and routines with the parent educators and participating professionals prior to implementation.
4. Parent educators would realize an increase of retained relationship-building proficiency by incorporating parent

education skills and techniques into the guidance and intervention strategies of other participating agencies.

Further plans for instituting this solution in the work setting will be achieved by furnishing other teachers and professionals with insight into the adaptation of pertinent concepts to their established familial intervention strategies.

Dissemination

Recent community concern for establishing positive, healthy, and stable relationships between cocaine-exposed infants and their primary caregivers has been the focus of many educational, medical, and social agencies and organizations. During implementation, the coordination of community resource services with many of these agencies enabled the writer to provide them with strategy workshops and awareness presentations. Additionally, the writer provided practicum information at school board meetings and workshop sessions sponsored by the community's "Substance Abuse Council". Future dissemination plans for the practicum report include distribution of copies to members of community resource agencies as well as retaining a copy in the school's professional library.

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APPENDIX A

PARTICIPATION COMMITMENT

PARTICIPATION COMMITMENT

As a concerned parent and/or guardian for my drug exposed infant, I _____ agree to participate in an individual and group intervention program. I am familiar with the goals and objectives of the program and understand how I will need to be actively involved. I will welcome the participating professionals as service providers who will conduct monthly home visitations. In addition, I will participate in monthly group discussion sessions held at the neighborhood elementary school. I further agree to permit access to my child's health and medical records for educational study. I understand that at any time I may have total access to any information or materials concerning my infant or myself.

_____
(signature) Parent/Guardian

_____
Infant's Name

_____
Practicum Writer

APPENDIX B

PERSONAL CHANGE INDICATOR

PERSONAL CHANGE INDICATOR

Directions:

In terms of gaining more information, developing a positive demeanor, and maintaining control of your temperament; please rate the following items to the extent that your caregiving has changed by circling the number that corresponds to the degree of improvement.

	Much Worse to Much Improved				
1) Awareness of my infant's cues to respond to his/her needs.	1	2	3	4	5
2) My awareness to use proper positioning, handling, and swaddling techniques.	1	2	3	4	5
3) My awareness to use attachment and bonding strategies with my child.	1	2	3	4	5
4) My use of rituals and play to interact with my child.	1	2	3	4	5
5) My use of infant stimulation through language and organizing experiences.	1	2	3	4	5

Adapted from:

The "Personal Change Scale" in Comparative effectiveness of individual and group interventions to support family caregivers, Toseland, et al, 1990; and
Interactive strategies for healthy development of the vulnerable infant. A paper presented at the annual Substance Abuse and Pregnancy conference, Poulsen, M.K. 1990.

APPENDIX C

MEASURE OF EMOTIONAL WELL-BEING

MEASURE OF EMOTIONAL WELL-BEING

Directions:

Indicate yes or no to each statement as it applies to your perception of how the caregiver has been feeling recently.

Positive Feelings

1) Delighted with one's self about any recent personal achievements. _____

2) Events seem to be working out in one's favor. _____

3) Dignified with one's self because others have commended recent accomplishments. _____

4) Especially happy or showing enthusiasm for specific pursuits. _____

5) Really feeling great all over. _____

Negative Feelings

1) One is so fidgety that he or she feels like they can not remain still. _____

2) Indifferent or uninterested. _____

3) Noticeably sullen or petulant. _____

4) Feelings of rejection like no one cares. _____

5) Noticeably troubled or angry over something someone may have said or done. _____

Adapted from:

The "Bradburn Affect Balance Scale" in
The structure of psychological well-being, Bradburn, 1969.

APPENDIX D

COMMUNITY RESOURCE INDICATOR

COMMUNITY RESOURCE INDICATOR

Directions:

Following the below stated community support resources, indicate by writing no in the preassessment column if you believe the caregiver is eligible for such a service and has not accessed it.

In the post assessment column indicate yes if the caregiver's use of the previously marked resources has changed from the preassessment period.

	Preassessment	Post Assessment
1) Medicaid services.	_____	_____
2) Aid To Families With Dependent Children (AFDC).	_____	_____
3) Woman, Infants, and Children (WIC).	_____	_____
4) Alcohol/Drug Abuse Treatment (ADM).	_____	_____
5) Children's Medical Services (CMS).	_____	_____
6) Mental Health Services.	_____	_____
7) Developmental Services (DS).	_____	_____
8) County Public Health Unit (CPHU).	_____	_____
9) Children's Home Society (CHS).	_____	_____
10) Children Youth and Family (CYF).	_____	_____

Adapted from:

The "Personal Change Scale" in Comparative effectiveness of individual and group interventions to support family caregivers, Toseland, et al, 1990.

APPENDIX E

REPORT OF UNEXPECTED EVENTS

REPORT OF UNEXPECTED EVENTS

Date and Time	Statement of Unexpected Event/ Behavior	Statement of Action Taken	Results and/or Outcomes